

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Turhan F. Jessamy #5222

Write the full name of each plaintiff.

18 CV 11826
No.

(To be filled out by Clerk's Office)

-against-

1) City Mount Vernon; 2) SGT
Fegan; 3) P.O JOHN DOE # 463;
4) P.O Antonini # 111; 5) P.O Ruff
~~# 110~~

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

COMPLAINT

(Prisoner)

Do you want a jury trial?

Yes No

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. LEGAL BASIS FOR CLAIM

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

Violation of my federal constitutional rights

Other: _____

II. PLAINTIFF INFORMATION

Each plaintiff must provide the following information. Attach additional pages if necessary.

Tushan

First Name

F.

Middle Initial

Jessauy

Last Name

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

5222

Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

Westchester County Department of Corrections

Current Place of Detention

P.O Box 10

Institutional Address

Valhalla

County, City

New York

State

10595

Zip Code

III. PRISONER STATUS

Indicate below whether you are a prisoner or other confined person:

Pretrial detainee
 Civilly committed detainee
 Immigration detainee
 Convicted and sentenced prisoner
 Other: _____

IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:

City of Mt. Vernon

First Name	Last Name	Shield #
<u>City</u>	<u>Hall</u>	

Current Job Title (or other identifying information)

1 Roosevelt Square

Current Work Address

Mt. Vernon N.Y. 10550

County, City	State	Zip Code
<u>Mt. Vernon</u>	<u>N.Y.</u>	<u>10550</u>

Defendant 2:

Fegan

First Name	Last Name	Shield #
<u>Sergeant</u>	<u>for M.V.P.D.</u>	

Current Job Title (or other identifying information)

2 Roosevelt Square 1st floor

Current Work Address

Mt. Vernon New York 10550

County, City	State	Zip Code
<u>Mt. Vernon</u>	<u>N.Y.</u>	<u>10550</u>

Defendant 3:

John Doe

First Name	Last Name	Shield #
<u>Police Officer</u>	<u>for M.V.P.D.</u>	

Current Job Title (or other identifying information)

2 Roosevelt Square 1st floor

Current Work Address

Mt. Vernon New York 10550

County, City	State	Zip Code
<u>Mt. Vernon</u>	<u>N.Y.</u>	<u>10550</u>

Defendant 4:

Anisolini

First Name	Last Name	Shield #
<u>Police Narcotic Officer</u>	<u>M.V.P.D.</u>	

Current Job Title (or other identifying information)

2 Roosevelt Square 1st floor

Current Work Address

Mt. Vernon New York 10550

County, City	State	Zip Code
<u>Mt. Vernon</u>	<u>N.Y.</u>	<u>10550</u>

See Attached

V. STATEMENT OF CLAIM

Place(s) of occurrence: 145 south 1st Ave Apt 56

Date(s) of occurrence: 3-31-17 thru 4-1-17

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

This claim is against City of Mt. Vernon and Staff Mt. Vernon police dpt. It consists of excessive force Malicious prosecution unlawful Imprisonment; on 3-31-17 Around midnight I was at my friend Machelle Campbell's house visiting when Mt. Vernon police kick the door in to execute a search warrant. Myself and Jocelyn Long were sitting in the bed room when the officers come in and began to assault us. one of the officers on the scene hit me repeatedly in the back and face with his fist and I didn't resist another officer came and started to strike me with closed fists over the beating stopped I was dragged to the bathroom and strip searched against my will. When nothing was found on my person or the over of my vicinity I was told to wait in the living room over with everybody else eventually Machelle Campbell surrendered drugs off her person and had all officers aware that she held sole possession and that myself and others should be let go.

However I was still charged with drugs and arrested, ultimately I was released two weeks later and then I had to come back and forth from NC to go to Court many of time to get the case dismissed on 9-28-17

INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

Mental anguish - paranoia - Headache -
Blackouts p.t.s.d

VI. RELIEF

State briefly what money damages or other relief you want the court to order.

Monetary damages In the amount of
\$7,000,000, Punitiv damages amount of \$5,000,000
Nominal damages amount of \$ 2,000,000. And
declaratory judgement that my Civil Rights
and Constitutional Rights were violated.

VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

12-11-18

Dated

Turhan

F.

First Name

Middle Initial

Plaintiff's Signature

Turhan Jessamy

Last Name

P.O. Box 10

Prison Address

Valhalla

County, City

N.Y.

State

10595

Zip Code

Date on which I am delivering this complaint to prison authorities for mailing: 12-11-18

Thomas Tessany #5222
P.D. Box
Valhalla, N.Y. 10595



SCW#3
JSDN#1

Q055

Clerk

United States District Court
Southern District of New York
500 Pearl Street

New York, N.Y. 10007

CLERK'S OFFICE
2018 DEC 14 PM 3:46

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